

FOLLOW-UP PROCEDURES AND TECHNIQUES FOR LOCATING OUT OF TREATMENT CLIENTS

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This presentation was prepared to discuss the follow-up procedure and is extended to supplement the *Addiction Severity Index* training manual. The explanation was two part. First, the format changes required to make the ASI function as a follow-up interview will be explained. In the second part of the discussion, procedures that may be helpful to interviewers in locating clients who have left the treatment setting and are due for a follow-up interview will be explained.

PART I – ASI FORMAT CHANGES AT FOLLOW-UP

First, the format changes needed to adapt the ASI for follow-up will be explained. It may be helpful for you to look at an ASI as you read.

The follow-up interview contains a subset of original questions asked at baseline. ONLY those questions which are circled are asked at follow-up. All other questions are omitted.

Therefore, follow-up interviews are usually briefer (20 minutes). For example, on the cover sheet of the ASI (General Information) the interviewer asks questions G19 and G20 (controlled environment). On page 2 of the interview, in the Medical Section, question M1 (the number of hospitalizations) and questions M4 through M8 are asked; and so on for all circled PATIENT questions throughout the interview.

Some of the circled follow-up questions are inappropriate to the follow-up period if they are asked exactly as they are stated on the ASI. These questions are those that are circled and have an asterisk beside the question number and must be reworded at follow-up so that the answer provides information for the follow-up period ONLY. For those questions marked with an asterisk, the interviewer must change the time frame using phrases like “*since you were admitted,*” “*since November, 1996,*” or “*since your last interview.*” For example, the first overnight for a medical problem since your admission here in March?” The first Employment/Support question could be rephrased “since your last interview in October, have you completed any further education?”

Remember, you are interested in the time period between the date of the initial baseline interview and the date of the follow-up interview.

The lifetime drug and alcohol abuse history questions are omitted at follow-up (questions D1 through D12 (right hand column). Nor does the interviewer ask lifetime questions in the Psychiatric section (items P4 – P11). Remember that the “past 30 days” questions in these ASI sections ARE asked.

Repeated Follow-ups

If your organization is doing repeated follow-ups, for example, a 3 month and a 6 month

follow-up, remember that these ASI's represent distinct periods of time in the patient's life. The 3 month follow-up should represent that period of time from the date of the baseline interview to the 3 month f/u day. The 6 month f/u would represent that period of time from date of the 3 month f/u to the date of the 6 month f/u. In the case where the 3 month f/u was unable to be completed, the 6 month f/u, when done, should reflect the *WHOLE* period from baseline to 6 months.

Need for Treatment Items

Remember that the "need for treatment" items refer to the need for additional, *NOT* the need for ongoing or continued treatment. That is, does the patient need any treatment in addition to that which he is already receiving?

Severity Ratings

We do not advise the use of severity ratings at follow-up as outcome measures. Although they have been shown to be reliable and valid at the baseline, we have both recent and historical data; and the interview is conducted in person. This is usually *NOT* the case at follow-up (most of our f/u interviews are done over the telephone). For these reasons, a f/u severity score should not be used as the outcome measure and composite scores have been created for this purpose. Composite scores are sets of objective items in each of the problem areas that have been mathematically constructed to provide more reliable estimates of patient status at f/u. There is a publication that describes these measures and their use (McGahan et al., *Composite Scores from the Addiction Severity Index*) and is included in the ASI training packet.

In summary, the ASI, when asked for a follow-up evaluation, differs from the initial interview in the following ways:

1. F/U evaluations can be done over the phone or in person, whereas, baseline or intake interviews *must* be done in person.
2. Since f/u evaluations include only a subset of the items, they are briefer than the initial interview.
3. The time period for the f/u interview include several items in each section covering the entire f/u period, for instance, the past 6 months. However, the great majority of items address more recent status, that is, the past 30 days
4. Finally, severity ratings are not the preferred measure of patient status at f/u. Composite scores are to be used. These composite scores can be made for initial evaluations also so a direct comparison of patient status at two or more points in time is possible.

PART II – TRACKING PROCEDURES

The second half of this f/u discussion is intended to offer suggestions which are useful in tracking patients for a f/u when they have **left** the treatment setting.

The MOST IMPORTANT POINT to remember is that the follow-up task begins when the intake or baseline ASI is conducted. It is **then** the interviewer has the most information about the patient and it is then that the interviewer can most successfully lay the groundwork for client location and a completed follow-up.

There are a few general suggestions:

(Tell the patient you will contact them again)

1. Stress to the client **several** times during the intake that you will contact him/her “x” months later. You may even ask him to let you know if he moves during the following months because it is important that you contact him later to find out how he is doing.

(Insure his confidentiality)

2. Reassure patient's confidentiality-let him know that you will not ask anyone **but him how** he is doing. Any people the interviewer contacts are purely an effort to contact the patient and talk to him directly. If you leave a name and number for the patient to call you back, you will not identify yourself as a treatment worker. For example, you may say that you are Mrs. Smith from the Veterans Administration or Mr. Jones from the University of _____. **YOU WILL BE VAGUE.**

(Non-revealing phone number)

3. Your organization should install a special telephone which is answered differently than your clinic or treatment telephones—simply “hello”. In this way, when you leave your name and phone number with a contact, the contact cannot phone back and identify the patient with a Drug/Alcohol treatment facility.

(Verify phone numbers while the patient is in treatment).

4. You should verify the numbers that the patient has given you on the contact sheet. When you call, you may say something like “I’m calling from the University of _____. “Client” might participate in a research project in the future and you routinely make sure you have the proper information.” If you verify soon after the baseline, the client should still be in treatment, and if there is a problem, the correct information can be gathered.

(Document follow-up attempts)

5. Document your f/u attempts carefully. You may want to design a follow-up sheet which lists ALL attempts you have made including the date and day you called, the time of day, the phone numbers you tried, who you spoke to, and what they said. An example of our follow-up sheet is included at the end of this packet. Include all attempts.

(Begin your follow-up attempts)

6. Begin your f/u attempts to locate the out-of-treatment client before the date that the f/u is due. We have established f/u “windows” which are specified periods of time during which the f/u may be completed, and the information gathered considered valid and reliable.

SPECIFIC

As mentioned earlier, it is during the initial baseline interview that the interviewer has access to the **most** information and leads which will enable the interviewer to more easily locate the out-of-treatment client and successfully complete f/u. It is at the baseline that the interviewer has the client sign a consent form for f/u and prepares a contact sheet which lists the patient’s address and phone number and also that of several other friends or family members (make sure all these phone numbers are **not the same**). If the client has no phone, find out whose he uses (neighbor’s etc.). Also, it has been our experience that women tend to be more stable in their place of residence. Therefore, on the contact sheet, record the name and address of a female. It is our strong suggestion that the interviewer fill out the contact sheet, because upon completion of the ASI, the interviewer should know a great many facts that will aid in locating the client. At the end of this packet you will find the consent/contact sheet, which has been designed for use with the ASI. What we will now do is go through the ASI and point out those items which are particularly informative with regard to f/u.

A. MEDICAL SECTION

1. Question M1 – Has a client had frequent hospitalizations? Where and when were they? Ask these questions routinely.
2. Questions M3 & M4 – Does a patient have a chronic medical problem for which he is taking medication regularly? This suggests continuing treatment with a physician – who and where is that?
3. Question M5 – Does the patient receive a pension for a physical disability? If yes, where does it come from (VA, Social Security, other). If a client receives a check, he must have an address.

B. EMPLOYMENT/SUPPORT SECTION

1. Questions E1 & E2 – (Education, training) – perhaps the client is a student. Where? How recently?
2. Question E7 - It is helpful to ask the client, not only what his/her occupation is, but also, his/her place of employment.
3. Questions E8 & E9 – Is someone supporting the client? Who are they – address, phone number.
4. Questions E12 through E17.....
 - E12 – is the client working and where?
 - E13 – is the client receiving Unemployment? Contact his county office and get address.
 - E14 – is the client receiving public assistance or food stamps? Contact the office.
 - E15 – is the client receiving a pension, benefits or Social Security check? Who sends the check? Contact the SS office, VA Regional Adjudication, or any other agency that sends the check.
 - E16 – did the client mention where his wife (or her husband) works? It may be valuable to note.
 - E17 – is the client heavily involved in illegal activities. Check local jails, prisons
4. It is in this section that you may learn if a client is in the military service of active reserves. You may want to note a division commander and base address.

C. DRUG AND ALCOHOL SECTION

1. Questions D19 and D20 (Alcohol and Drug Treatments)-When asking this question at baseline, routinely ask where the treatments were and when. Clients may turn up there again or you may find a new address in their files.
2. Question D25 (Outpatient Treatments)-The client may be attending an outpatient treatment facility-again, when and where is that?

D. LEGAL SECTION

1. Question L1-Was the client court stipulated to treatment? If treatment was unsuccessful, client may have been returned to jail.
2. Question L2-(Probation or parole)-Does client have a parole/probation officer? Ask client for name, address, phone # if known. There are statewide parole and probation information phone numbers.

3. Questions L3 through L16-It may be helpful to check local prisons if there is heavy criminal involvement.
4. Question L21-(Incarcerations)-Where, when? May have returned.
5. Questions L24 & L25-Is there sentencing or trial pending at intake? Try jails. If in jail, contact social worker and set up phone appointment.

D. FAMILY/SOCIAL SECTION

1. Question F4-What have usual living arrangements been? If client lives with family, friends-get names, numbers, name of missions, parents, halfway houses.
2. Question F11-Close friends? Did client mention a name? Did client mention where they hang out? We have located clients in their favorite bar and completed the phone f/u.
3. Questions F18 thru F26-At initial ASI interview you are made aware who are the client's family, friends, significant others . Some of these names should appear on the contact sheet. If they were not offered, **ask**.

E. PSYCHOLOGICAL STATUS

1. Questions P1&P2-Does a patient have frequent psychiatric hospitalizations? Note where and when. These programs may be contacted again for patient information. Is there an outpatient psychiatrist whose name has been mentioned. Note it.
2. Question P3-Does client receive psychiatric pension? From whom? Contact administrative office for any address.

Obviously all of these suggestions are not applicable to all patients. They are offered simply as possibilities – there are **many** alternatives to try in locating a client. The point is that the contact sheet is a form for the *interviewer* to complete *following* completion of the ASI at baseline. **This is where the f/u process begins.** Remember to note all information relevant to the f/u attempt on your contact sheet using those items pointed out. Use what you've been told by the client or ASK for anything you feel may be important.

When you are calling other agencies, have the client's full name, SS#, Veterans Claim #, DOB. Remember, you **never** betray that you are a drug/alcohol treatment facility or affiliate. If agencies will not give you the information, perhaps they will forward your name and phone number to the patient or a letter for you. If you find your group is calling a particular location frequently, make a contact (someone who has shown to be particularly helpful) in that agency. Call **that** person **whenever** you call the organization.

If you are a member of a team of follow-up people, you may want to compile a list of frequently called phone numbers containing numbers of local probation, jails, prisons and welfare offices.

There are several other sources you may consult when all else fails. These include:

1. Hospital and clinic charts and records. (Next of kin, who brought the patient for admission.
2. Follow-up letter. A letter that does not identify you as a drug/alcohol treatment person, which asks patient to call you on your organization's follow-up phone
NOTE: A registered letter with return receipt requested, add important to the letter contained within.
3. Phone book, information operator, new listings, Coles directory.
4. Insurance companies, school records, union records.
5. Your organization may have other records available than have been mentioned. Use what you have.

THE BOTTOM LINE

- I. Follow-up begins at baseline.**
- II. The contact sheet, completed by the interviewer after the baseline or Intake ASI, is extremely important in your f/u efforts.**
- III. Listen to ALL you're told and THINK – Will this piece of information help me locate the client at a later date?**